

ADULT FACT SHEET

Name: _____ Age: _____
First Middle Last *Please list maiden name, if applicable.

Address: _____
Street Address City State Zip Code

Mailing: _____
Street Address City State Zip Code

County of Residence: _____ Length of time at current residence: _____

Phone Number: Home / Cell _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Sex/Gender: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Marital Status: Single / Married / Divorced/ Widowed/ Cohabiting Military Status: _____

Identifying scars/marks/ tattoos/ piercings with location: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Spouse's Name: _____ Please list the name and ages of your dependent children: _____

Have you been ordered to pay child support? Y / N *If yes, amount & by what county/state? _____

Employer: _____ Phone: _____

Address: _____
Street City State Zip Code

Start Date: _____ Work Schedule: _____ FULL-TIME / PART-TIME.
Days/Times Please circle one.

Highest Grade Completed in School: ____ / Not completed / High School Diploma / GED / College _____
Grade Please circle one. Date of Completion

Operator's License #: _____ Issuing State: _____ License Status: _____

Year / Make / Model / Color / License Plate # of your vehicle: _____

Please list your prior criminal record, including the county where it occurred. Include any pending charges. _____

***TURN OVER AND COMPLETE BACKSIDE**

We ask that you fill out the sections below as completely and honestly as possible. This is for your protection so that we know what substances you have used prior to being placed on probation. **THIS INFORMATION WILL NOT BE USED AGAINST YOU.** Alcohol and drug use, prior to probation, is **NOT** a violation of your probation.

- Alcohol:**

At what age did you first drink? _____ At what age did you start drinking on a regular basis? _____
How long ago did you last drink? _____ On a day that you drink, how much do you drink? _____

Drugs:

At what age did you first use? _____ At what age did you start using on a regular basis? _____
How long ago did you last use? _____ How often do you use? _____
On a day when you use, how much do you use? _____

TYPE: _____

At what age did you first use? _____ At what age did you start using on a regular basis? _____
How long ago did you last use? _____ How often do you use? _____
On a day when you use, how much do you use? _____

TYPE:

At what age did you first use? _____ At what age did you start using on a regular basis? _____
How long ago did you last use? _____ How often do you use? _____
On a day when you use, how much do you use? _____

Do you feel that you have a problem with any of the following:

___ Alcohol Consumption	___ Drug Use
Prescription Drug Abuse	Gambling

If you have ever received treatment or counseling for substance use, please provide the following information:

Treatment Agency

Dates

Services Rendered

Please Sign your name in the space below indicating that you understand this document and that all information provided is accurate.

Signature

Date _____